



Girl Scouts Heart of Michigan
Health Examination Form

- 1. This form is required for girls participating in resident camping, in a trip of more than three (3) nights or in organized competitive sports or adults participating in extended trips or physically demanding activities.
2. The form MUST be completed by a physician, nurse practitioner or physician's assistant and for a health examination to be valid; it must have been conducted within 24 months of the program/event/trip.
3. The information contained in this health form is used to protect the health and safety of the participants. Information on this form is considered confidential and will be shared, as appropriate, only with those that need to know. This helps keep the first aider informed of any current conditions and special needs.

Participant Information:

Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Physical Examination Date of Examination: _____
Height _____ Weight _____ Blood Pressure _____
General physical and emotional status: _____
Code: ✓ = Satisfactory X = Not Satisfactory 0 = Not Examined
Eyes Teeth Lungs Ears
Heart Abdomen Nose Throat
Musculoskeletal Skin Hernia Genitalia
Urinalysis HBG Menstrual History
Allergies (please specify) _____
Other Conditions: _____

HEALTH RECOMMENDATIONS:

In opinion, the above conditions [] do [] do not preclude participation in an active program.

Comments: _____

Activities to be encouraged or restrictions (diet, swimming, horseback riding, etc.): _____

Please describe any treatment to be continued: _____

Please list any medications to be continued:

Table with 3 columns: Medication, Use, Dosage

PHYSICIAN'S SIGNATURE:
Physician's Signature _____ Date _____
Print Physician's Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____